

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### RENEWAL APPLICATION FOR ATHLETE AGENT REGISTRATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR PRINT IN INK**

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

**Last Name**

**First Name**

**MI**

**Former / Maiden Name(s)**

**Address** (street, city, state, zip)

**Daytime Telephone Number**

**Mailing Address** (if different)

**Date of Birth**

**Social Security #**

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

**Ethnicity:**

☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander

☐ Hispanic  
☐ Other

**Sex:**

☐ M ☐ F

**Have you ever been licensed in Wisconsin ?**

☐ Yes ☐ No

If yes, list your credential number:

**Email Address**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

**QUALIFICATION:** (Mark an X in ONE space indicating how you qualify)

- ☐ Renewal Application for Athlete Agent Registration (**Form #2733**)  
☐ Reciprocal/licensed in another state - Renewal application and certificate of registration attached.

**Application Fees:** Please make check payable to the Department of Safety and Professional Services and attach to application.

☐ \$107 Renewal fee

**For Receipting Use Only**

# Wisconsin Department of Safety and Professional Services

## STATEMENT OF ARREST OR CONVICTION: (Mark an X in the appropriate box.)

	<b>If you answer Yes to any question, give all details on a separate sheet.</b>	YES	NO
A.	Have you or any of the persons listed on page 5 ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI) in this or any other state, OR are criminal charges or DWI charges pending against you? <b>If yes, complete and attach Form #2252 with all required documentation.</b>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Has there been any denial of an application for, suspension or revocation of, or refusal to renew, the registration or licensure of the application for you or any of the persons listed on page 5 as an athlete agent?	<input type="checkbox"/>	<input type="checkbox"/>
C.	Has any licensing or credentialing agency ever taken any disciplinary action against you or any of the persons listed on page 5 including but not limited to any warning, reprimand, sanction, suspension, probation, limitation or revocation? <b>If Yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is disciplinary action pending against you or any of the persons listed on page 5 in any jurisdiction? <b>If Yes, attach a sheet providing details about the action, including the name of the agency and status of action.</b>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Have you or any of the persons listed on page 5 ever engaged in conduct that resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? <b>If Yes, attach a sheet providing explanation signed and dated by the applicant including specific dates and submit copies of all letters of inquiry and resolution.</b>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Have you or any of the persons listed on page 5 ever been the subject of any administrative or judicial determination that the person has made a false, misleading, deceptive or fraudulent representation. <b>If Yes, attach a sheet signed and dated by the applicant explaining the circumstances of each incident, a copy of the complaint that states the charges and allegations and a copy of the final judgment that establishes resolution of the charges.</b>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Do you currently hold, or have you or any of the persons listed on page 5 in the past held any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <b>If Yes, what type of credential?</b> _____ <b>And if another name, what name?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>

## CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Wisconsin Department of Safety and Professional Services

**APPLICANT'S BUSINESS OR EMPLOYER** (If you work alone, list your own name and address.)

Name of Principal Place of Business			
Address of Principal Place of Business			
City	State	Zip Code	Business Telephone Number

☐ I am an employee. Title: \_\_\_\_\_

Business Structure - check one and submit the disclosure of company owners, partners, officers on page 4.

- ☐ Individual Proprietor
- ☐ Corporation
- ☐ Partnership
- ☐ Other (Specify \_\_\_\_\_)

**NOTE:** The Wisconsin Department of Safety and Professional Services only licenses individuals for this profession. Each person acting as an athlete agent in Wisconsin must be licensed in this state. Listing the business entry in this section and then providing the officers, partners, and/or members on page 4 does not license the business nor does it entitle any of the individuals listed on page 4 to act as an athlete agent. Only the person applying for licensure can act as an athlete agent in Wisconsin when licensed.

# Wisconsin Department of Safety and Professional Services

## DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: \_\_\_\_\_

An applicant for a license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 5% or more of company stock, and any Managers/Associates/Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Signature of Applicant		Date
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# Wisconsin Department of Safety and Professional Services

## EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary.)

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

## **FORMAL TRAINING**

<b>Does the applicant have formal training as an athlete agent?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was formal training obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
Name of training facility: _____		Location: _____	
Provide a description of the formal training:			

## **PRACTICAL EXPERIENCE**

<b>Does the applicant have practical experience as an athlete agent?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was practical experience obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
At what business was practical experience obtained: _____		Location: _____	
Provide a description of the practical experience:			

## **EDUCATIONAL BACKGROUND**

<b>Does the applicant have educational background related to activities as an athlete agent?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was educational background obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
Name of educational facility: _____		Location: _____	
Provide a description of the educational background:			

**Wisconsin Department of Safety and Professional Services**

## CREDENTIALS

Has the applicant acted as an athlete agent during the five (5) years prior to this application? ☐ Yes ☐ No

If yes, provide the name, sport, and last known team for each individual for whom you acted as an athlete agent during the five (5) years prior to submitting this application. (Attach additional sheets if necessary.)

[illegible]